

QUALITY ASSURANCE DESK REVIEW

Provider Instructions

As part of Medicaid’s requirements for Aged & Disabled Waiver services, all Home and Community Based Service (HCBS) providers are required to have a biennial Agency Review to ensure compliance with Idaho Administrative Code (IDAPA) and the Medicaid Provider Agreement. The Desk Review is designed to allow the provider the opportunity to conduct a self-audit prior to submitting any documents for IDHW review.

Following are instructions for sending the required documentation to the Quality Improvement Specialist.

INSTRUCTION FOR UPLOADING DOCUMENTS

A survey at the following web address is the required vehicle for beginning the agency review process. A brief survey allows you to provide us with important feedback to help us to improve our processes. Please complete the survey and **upload all documents outlined below**. If the documents cannot be uploaded, they may be faxed to the number indicated on the QA Review letter.

<https://app.keysurvey.com/f/1094787/1495/>

ROSTERS

Participant Roster – provide an Excel spreadsheet of all agency participants receiving services under Idaho Medicaid. The following information must be included:

1. Last Name
2. First Name
3. Medicaid ID#
4. Child: If the participant is a child please indicate with X
5. Child’s Service: Indicate PCS or PDN *if applicable*
6. Primary Caregiver Name(s)

Last Name	First Name	Medicaid ID	Child	Child Service	Caregiver
Doe	Jane	000123456	n/a	n/a	Sally Jones

Staff Roster – provide a spreadsheet of all employees providing services for Idaho Medicaid participants. The following information must be included:

1. Last Name
2. First Name
3. Job Title (RN, LPN, Caregiver, etc.)
4. Licensure (RN, LPN, **Driver's License Expiration date** for any caregivers providing transportation)
5. Date of hire
6. Notarized date of Criminal History application
7. Date of Criminal History fingerprinting (The date is located on the Applicant Status page within the Criminal History database)
8. Date of Criminal History Notice of Clearance letter (The date is clearly printed on the right-hand side of the letter)
9. Date of Idaho State Police, Name Based Criminal Background Check (*Transfer employees only*)
10. Training completion date
11. Health Screen completed (include a Y/N indicator)
12. Start date of Direct Care (*first date that the caregiver provided services in a participant home*)
13. Endorsements. Please include **all** specialized training for participant specific endorsements, i.e. Ostomy Care, Transferring. *Refer to Provider Training Matrix*

Last Name	First Name	Job Title	Licensure	Date of Hire	Notary Date	Fingerprint Date	NOC letter Date	Criminal Background Date	Training Completion Date	Health Screen	Direct Care Start Date	Endorsements
Doe	Jane	RN	RN, DL	12/15/2015	12/20/2015	Transfer	12/16/2015	1/5/2016	1/15/2016	Y	1/10/2016	None
Doe	John	CG	DL 01/01/2020	6/1/2015	6/15/2015	6/20/2015	6/28/2015	n/a	7/1/2015	Y	6/20/2015	Ostomy, Transfer

DOCUMENTS – copies of the following documents should be uploaded to the address listed above:

- **RN/LPN License**
- **Service Plan for each Medicaid participant.** The areas of focus to ensure compliance as outlined in IDAPA are:
 - a. Proper Signatures
 - b. Service Plan accurately reflects the Assessment
 - c. Individualized Goals & Outcomes
 - d. Risk Factors
 - e. Backup Plan & Intervention
 - f. Paid and unpaid caregivers identified

- g. Amount, Type and Frequency of Services
 - h. Understandable language. The Person-Centered Service Plan should be written in such a way that the participant and caregivers can easily understand.
- **Participant Service Documentation (timesheets, daily logs, etc.). Please provide the most current four (4) weeks of documentation for each Medicaid participant.** The areas of focus to ensure compliance as outlined in IDAPA are:
- a. Proper Signatures
 - b. Accurate dates / times
 - c. Services delivered as in accordance with services authorized
 - d. Refusal of services documented properly (i.e. if the participant refuses meal preparation it is clearly documented on the daily log)

POLICIES & PROCEDURES – please upload ***only*** the documentation listed below:

1. **Participant Acceptance** including intake and admission procedures and termination of services
2. **Participant Choice** including involvement in the selection, scheduling, direction and evaluation of direct service providers
3. **Participant Grievance**
4. **Participant Rights, Responsibilities and Confidentiality**
5. **Health & Safety** including a plan which demonstrates the capability of providing emergency backup and relief services to cover the essential service needs within a reasonable time frame
6. **HIPAA**
7. **Quality Assurance** program including quarterly audits of services, site visits, participant satisfaction and annual professional credential and competency
8. **Service Delivery** including the scope of services provided and procedures for delivering services
9. **Employee Grievance**
10. **Personnel Policy** including employee qualifications, duties, compensations, benefits, training and conduct